

NEW HAMPSHIRE INSURANCE DEPARTMENT  
21 SOUTH FRUIT ST, SUITE 14  
CONCORD NH 03301  
603-271-7973 X9212

ANNUAL STATEMENT FOR AGENTS OF UNLICENSED COMPANIES

Statement of Premiums & Taxes for Surplus Lines Agents for Year Ending  
December 31, 2005. This Statement to be filed by **January 31, 2006.**

NAME  
ADDRESS

Surplus Lines Producer  
Identification #

- |    |  |            |
|----|--|------------|
| 1. | Gross Premiums (charged for insurance<br>procured or placed under such license<br>during the year ending December 31, 2005 | 1.\$ _____ |
| 2. | Gross Return Premiums (on such insurance<br>canceled under such license)   | 2.\$ _____ |
| 3. | Total Net Taxable Premiums<br>(Line 1 minus Line 2)  | 3.\$ _____ |
| 4. | Taxes Payable<br>(2% of Line 3 above)  | 4.\$ _____ |

State of \_\_\_\_\_)

County of \_\_\_\_\_)

\_\_\_\_\_ being duly sworn deposes and says  
that he/she/it is a licensed surplus lines producer in the State of New Hampshire and that the  
following is a full, true and correct statement of the business done in the State of New Hampshire by  
said licensee during the year ending December 31, 2005.

\_\_\_\_\_  
Signature of Licensed Producer/Agency-Officer

Subscribed and sworn to before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 2006.

\_\_\_\_\_  
Notary Public

**PLEASE PROVIDE: LIST OF ALL SURPLUS LINES FILINGS MADE DURING 2004  
(YOU MAY SEND COPIES OF SHEETS FILED). THIS IS NECESSARY THIS YEAR  
FOR RECONCILIATION PURPOSES. HOPEFULLY, NEXT YEAR WE CAN  
ELIMINATE THE NEED FOR THIS FINAL STEP.**